

CHARITABLE ORGANIZATION ANNUAL REPORT

For charitable organizations not required to file information or a tax return with the Internal Revenue Service

1. Name of Charitable Organization: _____

STREET ADDRESS

CITY STATE ZIP CODE (_____) TELEPHONE NUMBER

2. Individual having custody of contributions:

Name: _____

STREET ADDRESS

CITY STATE ZIP CODE (_____) TELEPHONE NUMBER

3. Individual responsible for distribution of contributions:

Name: _____

STREET ADDRESS

CITY STATE ZIP CODE (_____) TELEPHONE NUMBER

4. REPORTING PERIOD DATE From ____/____/____ To ____/____/____
☐ Annual ☐ Fiscal ☐ Other _____

5. Gross amount of contributions pledged or collection for promotion: \$ _____

6. Amount actually received from promotion: \$ _____

7. Amount allocated and dedicated to charitable purpose for promotion
(exclusive of all expenses of the promotion): \$ _____

8. Aggregate amount paid or owed for expenses (including overhead) of
promotion: \$ _____

9. Aggregate amount paid or owed to paid solicitors and fund-raising counsel
(including all overhead, expenses, commission, etc.): \$ _____

Name of Charitable Organization Signature (Title)

Date Signed (Printed Signature) ____/____/____
(Date)